

Debra Susan Boughen

Prospect House Care Home

Inspection report

Gate Helmsley
York
North Yorkshire
YO41 1JS

Tel: 01759373607

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prospect House Care Home provides residential care for up to 12 older people. Twelve people were using the service when we inspected.

People's experience of using this service and what we found

People were at increased risk of harm, because staff did not always follow good practice guidance to reduce risks when managing people's medicines. More robust audits were needed to identify issues and make sure safe practices were followed. We spoke with the provider about auditing recruitment records to ensure relevant information was documented.

The provider needed to develop their knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to make sure they followed good practice guidance.

There was mixed feedback about staffing levels and the impact this had on the time available for staff to spend with people and to support with activities. We made recommendations about staffing levels and the support provided with activities.

Staff worked in a person-centred way. More detailed care plans and risk assessments were in place to guide staff on how to safely support people taking into account their individual personal preferences. People's needs were reviewed and care plans updated if their needs changed.

People were supported by kind and caring staff who treated them with respect. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff offered people choices and promoted their independence.

People enjoyed the food provided and were supported to make sure they had enough to eat and drink. Staff worked with other professionals for advice and guidance on how to meet people's needs. People were supported to access healthcare services when needed.

People felt able to speak with staff or management if they were unhappy or needed to complain. Staff told us they felt supported by the provider; they completed an induction and a range of training. The provider supervised staff's performance and gave feedback, we spoke with them about more consistently recording these supervisions and appraisals of performance.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (report published 13 September 2018) and there

was a breach of regulation relating to the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations. However, the service remained requires improvement. This service has been rated requires improvement for three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prospect House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Prospect House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is an individual 'registered person'. They are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced; we told the provider we would be visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan the inspection.

During the inspection

We spoke with seven people who used the service and four visitors including relatives, friends and healthcare professionals. We spoke with the provider, manager and two care workers.

We reviewed four people's care records, including their medication administration records and daily notes. We looked at three staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We continued to review evidence from the inspection and seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to take their prescribed medicines, but staff did not always follow good practice guidance to reduce risks and help keep people safe.
- Protocols were not in place to guide staff administering medicine prescribed to be taken only when needed, stock had not been dated when opened, stock levels were not accurately recorded.
- More robust auditing was needed to ensure medicines were managed safely.

Staffing and recruitment

- People were supported by staff who had been safely recruited; the provider agreed to introduce a recruitment checklist to make sure all relevant information was recorded, including people's full employment history.
- People gave mixed feedback about staffing levels. Staff had to do cooking alongside their caring role. This meant there was limited time available for staff to spend with people and to support with activities.

We recommend the provider reviews staffing levels and staff deployment.

Assessing risk, safety monitoring and management

At our last inspection the provider had not kept up-to-date records about risks and how these were managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- More detailed care plans and risk assessments included guidance for staff on how to reduce risks and help keep people safe.
- Risk assessment tools were used to monitor the level of risk to help make sure these were managed.
- Health and safety and maintenance checks helped to make sure the environment was safe and risks associated with a fire were reduced.
- People told us they felt safe and were relaxed and at ease in staff's company.
- Staff showed a good understanding of people's needs and how to support them to minimise risks.

Learning lessons when things go wrong

- People received help and support if they had an accident; staff recorded accidents and incidents and the provider checked to make sure lessons were learned if things went wrong.
- The provider had introduced a new system to record more detailed information about accidents, incidents and to evidence what investigations were completed and the actions taken to prevent a reoccurrence.

Preventing and controlling infection

- The service was clean and there were no malodours; staff completed daily cleaning tasks to help make sure standards were maintained.
- Staff used personal protective equipment including gloves and aprons, to reduce the risk of spreading germs or healthcare related infections.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse; staff had been trained to identify and respond to any safeguarding concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were offered choices and encouraged to make decisions.
- Staff explored and recorded some information about people's mental capacity. Applications had been made to deprive people of their liberty.
- However, the provider needed to develop their understanding of good practice guidance in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; gaps in their knowledge meant we could not be certain people's rights would be protected if the need arose.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with healthcare professionals to promote people's health and wellbeing. A professional told us, "The reasons staff call us out are always very sensible, and they ask questions appropriately. They have been supporting people with chronic problems very sensibly."
- The provider had introduced new records to document visits from healthcare professionals and to help monitor outcomes.
- The provider explained how they shared information with other professionals, we spoke with them about good practice guidance in relation to health passports to support effective information sharing if people were admitted to hospital.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs and how best to support them.
- Staff completed an induction and received training. They shadowed other workers to learn how to support people to meet their needs.

- The provider supervised and guided staff on how to meet people's needs. Some supervisions and appraisals had been recorded and we spoke with them about more consistently documenting the supervision and appraisal of staff's performance.
- Staff told us they felt supported by management and that advice and guidance was available when needed.

Adapting service, design, decoration to meet people's needs

- People benefited from a welcoming and homely environment; equipment was available and adaptations were in place to help people move around the service.
- Steps had been taken to develop a 'dementia friendly' environment; we spoke with the provider about continuing to explore dementia friendly design principles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly reviewed and reassessed. More detailed care plans and risk assessments were in place, which had been reviewed and updated when people's needs had changed.
- Staff worked with health and social care professionals to make sure people were reassessed if their needs changed and for their advice and guidance on how to support them.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave positive feedback about the food, which looked and smelt appetising. One person told us, "The food is lovely, it's always pleased me and if you don't like something you just tell them and they get you something else."
- Drinks and snacks were available throughout the day to reduce the risk of people becoming malnourished or dehydrated.
- Staff weighed people and monitored what they ate to make sure they were supported to maintain a balanced diet.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff; they told us, "Staff have always been good to me, they are nice" and "I feel I am always well looked after."
- People shared friendly and caring relationships with staff; they responded positively to staff, laughing and joking with them showing us they valued their company.
- People were supported to meet their personal care needs; a professional said, "People look comfortable, are treated with dignity and staff seem very caring."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and encouraged to make decisions; they felt free to do the things they wanted to and told us there were no restrictions on them.
- People were supported to be involved in making decisions; care plans recorded information about how people communicated and staff shared information in a way which they could understand.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity; staff knocked on people's bedroom doors showing us they respected people's privacy and personal space.
- Confidential information was securely stored to maintain people's privacy.
- Staff spoke with people in a respectful way; they patiently supported people to move around the service to help maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave mixed feedback about the activities available; some people told us they would like if staff had more time to support with activities.
- Activities provided included quizzes, arts and crafts, game sessions, entertainers visiting and taking people out for walks.
- People were encouraged to be involved in day to day tasks within the service, for example peeling fruit and vegetables for meal times.
- There was a safe and accessible garden for people to use and enjoy.

We recommend the provider explores people's feedback and reviews the support provided for people to engage in regular and meaningful activities.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain contact with their family and friends; staff encouraged visitors and made them feel welcome. A relative told us, "I've never been made to feel anything other than welcome."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by person-centred staff who were responsive to their needs. A person explained, "The staff are very good they will always help you if you want anything."
- Care plans and risk assessments contained more person-centred information about people's needs and to guide staff on how best to support them taking into account their individual personal preferences.
- People's needs were regularly reviewed and reassessed to make sure the support provided effectively met their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate their wishes and views. A professional told us, "The staff seem very good with people communication wise, they treat each person as an individual."
- People's care plans recorded information about how they communicated and what support staff could provide to help people understand information and be involved in decisions.

Improving care quality in response to complaints or concerns

- People told us they could speak with staff or management if they were unhappy about the service or needed to complain.
- The provider had a complaints procedure and had investigated and responded to complaints about the service.

End of life care and support

- Staff recorded some information about people's end of life wishes including if they had refused resuscitation if the need arose.
- Staff had received a number of compliments praising the compassionate and kind support provided to people approaching the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question had remained the same. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider had failed to robustly monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had made positive progress to address a number of concerns identified at the last inspection; for example, more detailed care plans and risk assessments were in place to guide staff on how to meet people's needs.
- However, the provider and manager still needed to develop their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Some recent improvements needed to be embedded and sustained, for example, when recording accidents and incidents and professionals visits.
- More robust audits were needed to ensure good practice guidance was followed, for example, in relation to the management of people's medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People gave positive feedback about the service and the staff who supported them. One person told us, "I like it here, I always feel very much at home."
- Staff told us there was a supportive culture within the service, feedback included, "It's a really good team if you ever feel there is anything you need you can speak with them and they are really supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to apologise to people and explain what happened if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff,

fully considering their equality characteristics

- The provider held meetings to share information and gather feedback about the service.
- Professionals gave positive feedback about the effective working relationships they shared with staff and the provider.